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7590 05/25/2004  
**MARGARET A. BOULWARE  
HENKENS & GILCHRIST  
1100 LOUISIANA STREET  
SUITE 1800  
HOUSTON, TX 77002-5214**



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<b>Marcy Overstreet</b>	(Depositor's name)
<i>Marcy Overstreet</i>	(Signature)
<b>August 24, 2004</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/175,713	10/20/1998	STEPHEN H. HERRMANN	GI-5302-CON	7226
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TITLE OF INVENTION: CHEMOKINE WITH AMINO-TERMINAL MODIFICATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	08/25/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ANDRES, JANET L	1646	424-130100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Henkens & Gilchrist, P.C.  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Genetics Institute, LLC  
The General Hospital Corporation**

**Cambridge, MA  
Boston, MA**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee  
☐ Advance Order - # of Copies \_\_\_\_\_

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(Authorized Signature)

(Date)

*Debra J. Pallant*

*8/24/04*

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